BEST AVAILABLE COPY

										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD		100/					
Effective October 1, 2000									09/752545						
CLAIMS AS FILED - PART I									SMALL ENTITY				OTHER THAN		
_			(Columi	(Column 2)				TYPE [•	OR	SMALL ENTITY			
TOTAL CLAIMS			30					RATE FE		EE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.0		5.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10				X\$ 9=			OR	X\$18=	180	
INC	EPENDENT CI	LAIMS	4 minus 3 =		•)				X40=			OR	X80=	80	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=				+270=	OV		
• 15	the difference	in column 1 is	less than z	r "0" in c	"0" in column 2			TOTAL			OR		(3.5)		
* If the difference in column 1 is less than zero, enter "0" in column 2										· [OR	.TOTAL	970	
1-7-05 CLAIMS AS AMENDED - PART II													OTHER THAN		
Ė		(Column 1)	(Co		mn 2) (Column 3)			SMAL				OR	SMALL		
AMENDMENT A		REMAINING		NUM	BER		ESENT		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO PAID		EXTRA PA	TAIL	FE			RAIE	FEE			
	Total	. 27	Minus	••	.30	=	0	l	X\$ 9=			OR	X\$18=	. 0	
IME	Independent	- 4	Minus	***	4	=	0		X40=			OB.	X80=	Ò	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							▎┟		┪		Un			
		•							+135=			OR	+270=	0	
								· Al	TOTA DDIT. FE	_		OR	TOTAL ADDIT, FEE	0	
	(Column 1) (Column 2) (Column 3)														
8		CLAIMS REMAINING		HIGH NUM		-		۱г		AD	DI-	I		ADDI-	
Ę		AFTER		PREVIO			ESENT CTRA		RATE	TIOI			RATE	TIONAL	
ģ		AMENDMENT		PAID	FOR	_		! -		·FE	E	·		FEE	
MENDMENT B	Total	•	Minus	••		=		l L	X\$ 9=			OR	X\$18=		
AME	Independent	TATION OF M	Minus	•••		<u> </u>	_		X40=			OR	X80=		
	FIRST PHESE	NTATION OF MI	DLTIPLE DEI	ENDEN	CLAIM			1	405				470		
								L	+135=			OR	+270=		
		A	TOTA DDIT. FE			OR	TOTAL ADDIT, FEE								
		(Column 1)		(Colu	mn 2)	(Col	umn 3)			- 7					
6		CLAIMS		HIGH	IEST			lr		ADI	DI. I			ADDI-	
Ĕ		REMAINING AFTER		PREVI	DUSLY		CTRA		RATE	TION			RATE	TIONAL	
		AMENDMENT		PAID	FOR	<u> </u>		∤		FE	E		_	FEE	
MENDMENT C	Total .	•	Minus	••		=			X\$ 9=			OR	X\$18=		
15	Independent	•	Minus	***		=	7			T					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

X80=

+270=

TOTAL ADDIT. FEE

X40=

+135=

TOTAL